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PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE NO \$1400 nonprovisional \$300 \$0 \$1700 03/01/2007 **EXAMINER** ART UNIT **CLASS-SUBCLASS** GELIN, JEAN ALLAND 2617 455-442000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. 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